

County of San Diego Monthly STD Report

Issue No. 40: Data through April 30, 2012; Report released August 1, 2012.



Table 1. STDs reported among San Diego County residents, by month

| (April 2012), and year-to-date. | 2011 | 2012 | | | |
|---------------------------------|------|------|------|------|--|
| | Apr | YTD | Apr | YTD | |
| Gonorrhea | 136 | 573 | 194 | 842 | |
| Female age 18-25 | 28 | 97 | 40 | 166 | |
| Female age ≤ 17 | 1 | 15 | 2 | 17 | |
| Male rectal gonorrhea | 27 | 91 | 36 | 126 | |
| Chlamydia* | 1332 | 3886 | 1556 | 4341 | |
| Female age 18-25 | 615 | 1769 | 632 | 1823 | |
| Female age ≤ 17 | 92 | 269 | 52 | 189 | |
| Male rectal chlamydia | 34 | 94 | 44 | 124 | |
| Early Syphilis (adult total) | 41 | 166 | 45 | 160 | |
| Primary | 7 | 42 | 8 | 40 | |
| Secondary | 15 | 61 | 16 | 60 | |
| Early latent | 19 | 63 | 21 | 60 | |
| Neurosyphilis** | 0 | 1 | 3 | 7 | |
| Congenital syphilis | 0 | 0 | 1 | 1 | |
| HIV Infection | | | | | |
| HIV (not AIDS) | 31 | 155 | 54 | 164 | |
| AIDS | 28 | 84 | 20 | 102 | |

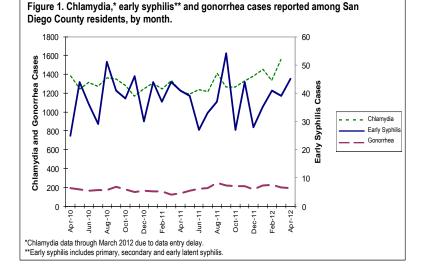


Table 2. Selected STD cases and annualized rates per 100,000 population for San Diego County by age and race/ethnicity, year-to-date, 2012.

| | African | | | | | | | | | |
|----------------|-------------|-------|----------|-------|----------|-------|----------|-------|-------|-------|
| | (All races) | | Asian/PI | | American | | Hispanic | | White | |
| | cases | rate | cases | rate | cases | rate | cases | rate | cases | rate |
| All ages | | | | | | | | | | |
| Chlamydia* | 4341 | 538.5 | 187 | 214.7 | 152 | 363.4 | 703 | 284.8 | 543 | 136.9 |
| Gonorrhea | 842 | 78.3 | 28 | 24.1 | 79 | 141.7 | 118 | 35.9 | 176 | 33.3 |
| Early syphilis | 160 | 14.9 | 8 | 6.9 | 4 | 7.2 | 52 | 15.8 | 89 | 16.8 |
| Under 20 yrs | | | | | | | | | | |
| Chlamydia* | 1068 | 486.7 | 51 | 243.7 | 54 | 438.3 | 235 | 264.2 | 96 | 113.9 |
| Gonorrhea | 120 | 41.0 | 4 | 14.3 | 20 | 121.8 | 18 | 15.2 | 12 | 10.7 |
| Early syphilis | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| | | | | | | | | | | |

^{*}Chlamydia data through March 2012 due to data entry delay

Key Points, comparing reported cases for April 2011 to April 2012.

- Overall, gonorrhea has increased 47%.
 - Female (18-25) gonorrhea has increased 71%.
- Male rectal gonorrhea has increased 38%.
- Overall, chlamydia has increased 12%.*
 - Female (<17) has decreased 30%.
- Male rectal chlamydia has increased 32%.
- Overall, early syphilis is stable.

*Data compares March 2011 to March 2012.

Note: All data are provisional. Morbidity is based on date of diagnosis. If date of diagnosis is not available, date of specimen collection is used. Totals for past months might change because of delays in reporting from labs and providers.

Editorial Note: HIV Partner Services

The Centers for Disease Control & Prevention (CDC) estimates that 20% of all HIV-positive individuals are <u>unaware of their status</u>. Among HIV-positive men who have sex with men in San Diego, it is estimated that 40% are <u>unaware of their status</u>. While knowledge of HIV-infection is associated with a decreased risk of transmission, those who are unaware of their infection account for more than 50% of all <u>sexual transmissions</u> in the United States. The CDC acknowledges HIV <u>Partner Services</u> (PS) as a powerful tool to reach both unaware individuals and those at highest risk of infection – sex and/or needle sharing partners of HIV-infected individuals – providing HIV testing, referral to medical care and/or prevention services, thereby reducing further transmission of HIV.

HIV PS is a free, confidential and anonymous service provided by the County of San Diego that assists people with HIV in notifying sex and/or needle sharing partners of a possible exposure to HIV. Several PS options are available to assist HIV-positive persons with the difficult decision of disclosing their status to partner(s), and County <u>public health advisors</u> (PHA) will assist each person in determining which <u>option(s)</u> is appropriate. Third-party notification is one PS option for HIV-positive people who want to inform partner(s) of potential HIV exposure while remaining anonymous. HIV-positive people can also receive counseling on how to disclose their HIV-positive status to their current partner or receive support and assistance for themselves and their partner during the disclosure process.

In a private setting or over the phone, a PHA will discuss recent risk-behaviors with the HIV-positive patient, explore available PS options, and assist in the development of tailored disclosure plans. For the partners that are selected for third-party notification, contact information is gathered from the patient. Locatable partners are contacted and informed that they may have been exposed to HIV. During the notification, no names or identifiers (date of, and type of exposure) are ever shared with the partner in order to maintain the anonymity of the original patient. The partner is offered free HIV testing and risk counseling at a County testing site where they will have access to rapid HIV antibody testing and STD screening. Referrals to medical care are made for those testing HIV-positive. Providers treating people living with HIV can help prevent the further transmission of HIV transmission by asking their patients about both past and/or current sex and needle sharing partners and discussing which PS option is appropriate for each partner. By doing so, providers can play a vital role in helping people with undiagnosed HIV become aware of their status and access care and treatment.

To make a referral, please call (619) 692-8501 and ask to speak with a County public health advisor. For more information about HIV PS please visitwww.discloseyourstatus.org.

YTD: Year-to-Date

^{*}Chlamydia data through March 2012 due to data entry delay, with comparison data through March 2011.

^{**}Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only